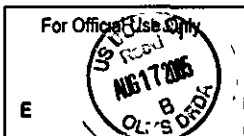


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number <u>00000</u> <u>9318</u>	2 Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>RALPH</u> <u>SCOPO</u>  P O Box, Bldg , Room No , if any  Street <u>490 VICTORY DR</u>  City <u>RONKONKOMO</u>  State <u>New York</u> ZIP Code + 4 <u>11779</u>	4 Name, file number, and address of labor organization Name <u>CONCRETE WORKERS LOCAL 6A</u>  Labor Organization File Number <u>002-158</u>  P O Box, Building and Room Number, if any  Street <u>35-04 30th ST</u>  City <u>LONG ISLAND CITY</u>  State <u>New York</u> ZIP Code + 4 <u>11106</u>
5 Position in labor organization	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name  Trade Name, if any  P O Box, Bldg , Room No , if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income          7 b Amount.

### Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions )		
Signed <u>Ralph Scopo</u>	On <u>8-12-05</u> Date	<u>718-392-1231</u> Telephone Number



**CONCRETE WORKERS LOCAL 6A**  
**35-04 30<sup>TH</sup> ST**  
**LONG ISLAND CITY**  
**NY 11106**



August 11, 2005

U.S Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

Dear Sir or Madam:

Enclose is my labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records, as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

This filing reflects my good faith effort to comply with the L M-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the department. The enclosed material represents my best recollection and estimate of all lawfully report benefits that I received in 2004.

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor- Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

Sincerely,  
Ralph Scopo